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HOUSE BILL 155

49TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2009

INTRODUCED BY

Joni Marie Gutierrez

AN ACT

RELATING TO HEALTH INSURANCE; REQUIRING COVERAGE FOR DIAGNOSIS
AND TREATMENT OF AUTISM SPECTRUM DISORDER.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. A new section of the Health Care Purchasing
Act is enacted to read:

"[NEW MATERIAL] COVERAGE FOR AUTISM SPECTRUM DISORDER
DIAGNOSIS AND TREATMENT.--

A. Beginning with the open enrollment period for
the 2010 plan year group health care coverage, including any
form of self-insurance, offered, issued or renewed under the
Health Care Purchasing Act shall provide coverage to employees
and their covered dependents who are under eighteen years of
age for:

- (1) well-baby and well-child screening for

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1 diagnosing the presence of autism spectrum disorder; and

2 (2) treatment of autism spectrum disorder
3 through speech therapy, occupational therapy, physical therapy
4 and applied behavioral analysis.

5 B. Coverage required pursuant to Subsection A of
6 this section:

7 (1) shall be limited to treatment that is
8 prescribed by the insured's treating physician in accordance
9 with a treatment plan;

10 (2) shall be limited to fifty thousand dollars
11 (\$50,000) annually. Beginning January 1, 2011, the maximum
12 benefit shall be adjusted annually on January 1 to reflect any
13 change from the previous year in the medical component of the
14 then-current consumer price index for all urban consumers
15 published by the bureau of labor statistics of the United
16 States department of labor;

17 (3) shall not be denied on the basis that the
18 services are habilitative or rehabilitative in nature; and

19 (4) may be subject to other general exclusions
20 and limitations of the group health care coverage, including,
21 but not limited to, coordination of benefits, participating
22 provider requirements, restrictions on services provided by
23 family or household members and utilization review of health
24 care services, including the review of medical necessity, case
25 management and other managed care provisions.

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1 C. The coverage required pursuant to Subsection A
2 of this section shall not be subject to dollar limits,
3 deductibles or coinsurance provisions that are less favorable
4 to an insured than the dollar limits, deductibles or
5 coinsurance provisions that apply to physical illnesses that
6 are generally covered under the group health care coverage
7 plan, except as otherwise provided in Subsection B of this
8 section.

9 D. An insurer shall not deny or refuse to issue
10 coverage for medically necessary services or refuse to contract
11 with, renew, reissue or otherwise terminate or restrict
12 coverage for an individual because the individual is diagnosed
13 as having or receiving treatment for an autism spectrum
14 disorder.

15 E. The treatment plan required pursuant to
16 Subsection B of this section shall include all elements
17 necessary for the group health care coverage plan to pay claims
18 appropriately. These elements include, but are not limited to:

- 19 (1) the diagnosis;
20 (2) the proposed treatment by types;
21 (3) the frequency and duration of treatment;
22 (4) the anticipated outcomes stated as goals;
23 (5) the frequency with which the treatment
24 plan will be updated; and
25 (6) the signature of the treating physician.

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1 F. This section shall not be construed as limiting
2 benefits and coverage otherwise available to an insured under a
3 group health care coverage plan.

4 G. As used in this section, "services that are
5 habilitative or rehabilitative" means treatment programs that
6 are necessary to develop, maintain and restore to the maximum
7 extent practicable the functioning of an individual."

8 Section 2. A new section of Chapter 59A, Article 22 NMSA
9 1978 is enacted to read:

10 "[NEW MATERIAL] COVERAGE FOR AUTISM SPECTRUM DISORDER
11 DIAGNOSIS AND TREATMENT.--

12 A. An individual or group health insurance policy,
13 health care plan or certificate of health insurance that is
14 delivered, issued for delivery or renewed in this state on or
15 after September 17, 2009 shall provide coverage to an eligible
16 individual who is under eighteen years of age for:

17 (1) well-baby and well-child screening for
18 diagnosing the presence of autism spectrum disorder; and

19 (2) treatment of autism spectrum disorder
20 through speech therapy, occupational therapy, physical therapy
21 and applied behavioral analysis.

22 B. Coverage required pursuant to Subsection A of
23 this section:

24 (1) shall be limited to treatment that is
25 prescribed by the insured's treating physician in accordance

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1 with a treatment plan;

2 (2) shall be limited to fifty thousand dollars
3 (\$50,000) annually. Beginning January 1, 2011, the maximum
4 benefit shall be adjusted annually on January 1 to reflect any
5 change from the previous year in the medical component of the
6 then-current consumer price index for all urban consumers
7 published by the bureau of labor statistics of the United
8 States department of labor;

9 (3) shall not be denied on the basis that the
10 services are habilitative or rehabilitative in nature; and

11 (4) may be subject to other general exclusions
12 and limitations of the insurer's policy or plan, including, but
13 not limited to, coordination of benefits, participating
14 provider requirements, restrictions on services provided by
15 family or household members and utilization review of health
16 care services, including the review of medical necessity, case
17 management and other managed care provisions.

18 C. The coverage required pursuant to Subsection A
19 of this section shall not be subject to dollar limits,
20 deductibles or coinsurance provisions that are less favorable
21 to an insured than the dollar limits, deductibles or
22 coinsurance provisions that apply to physical illnesses that
23 are generally covered under the individual or group health
24 insurance policy, health care plan or certificate of health
25 insurance, except as otherwise provided in Subsection B of this

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1 section.

2 D. An insurer shall not deny or refuse to issue
3 coverage for medically necessary services or refuse to contract
4 with, renew, reissue or otherwise terminate or restrict
5 coverage for an individual because the individual is diagnosed
6 as having or receiving treatment for an autism spectrum
7 disorder.

8 E. The treatment plan required pursuant to
9 Subsection B of this section shall include all elements
10 necessary for the health insurance plan to pay claims
11 appropriately. These elements include, but are not limited to:

- 12 (1) the diagnosis;
13 (2) the proposed treatment by types;
14 (3) the frequency and duration of treatment;
15 (4) the anticipated outcomes stated as goals;
16 (5) the frequency with which the treatment
17 plan will be updated; and
18 (6) the signature of the treating physician.

19 F. This section shall not be construed as limiting
20 benefits and coverage otherwise available to an insured under a
21 health insurance plan.

22 G. As used in this section, "services that are
23 habilitative or rehabilitative" means treatment programs that
24 are necessary to develop, maintain and restore to the maximum
25 extent practicable the functioning of an individual."

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1 Section 3. A new section of Chapter 59A, Article 23 NMSA
2 1978 is enacted to read:

3 "[NEW MATERIAL] COVERAGE FOR AUTISM SPECTRUM DISORDER
4 DIAGNOSIS AND TREATMENT.--

5 A. A blanket or group health insurance policy or
6 contract that is delivered, issued for delivery or renewed in
7 this state on or after September 17, 2009 shall provide
8 coverage to an eligible individual who is under eighteen years
9 of age for:

10 (1) well-baby and well-child screening for
11 diagnosing the presence of autism spectrum disorder; and

12 (2) treatment of autism spectrum disorder
13 through speech therapy, occupational therapy, physical therapy
14 and applied behavioral analysis.

15 B. Coverage required pursuant to Subsection A of
16 this section:

17 (1) shall be limited to treatment that is
18 prescribed by the insured's treating physician in accordance
19 with a treatment plan;

20 (2) shall be limited to fifty thousand dollars
21 (\$50,000) annually. Beginning January 1, 2011, the maximum
22 benefit shall be adjusted annually on January 1 to reflect any
23 change from the previous year in the medical component of the
24 then-current consumer price index for all urban consumers
25 published by the bureau of labor statistics of the United

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1 States department of labor;

2 (3) shall not be denied on the basis that the
3 services are habilitative or rehabilitative in nature; and

4 (4) may be subject to other general exclusions
5 and limitations of the insurer's policy or plan, including, but
6 not limited to, coordination of benefits, participating
7 provider requirements, restrictions on services provided by
8 family or household members and utilization review of health
9 care services, including the review of medical necessity, case
10 management and other managed care provisions.

11 C. The coverage required pursuant to Subsection A
12 of this section shall not be subject to dollar limits,
13 deductibles or coinsurance provisions that are less favorable
14 to an insured than the dollar limits, deductibles or
15 coinsurance provisions that apply to physical illnesses that
16 are generally covered under the blanket or group health
17 insurance policy or contract, except as otherwise provided in
18 Subsection B of this section.

19 D. An insurer shall not deny or refuse to issue
20 coverage for medically necessary services or refuse to contract
21 with, renew, reissue or otherwise terminate or restrict
22 coverage for an individual because the individual is diagnosed
23 as having or receiving treatment for an autism spectrum
24 disorder.

25 E. The treatment plan required pursuant to

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1 Subsection B of this section shall include all elements
2 necessary for the health insurance plan to pay claims
3 appropriately. These elements include, but are not limited to:

- 4 (1) the diagnosis;
- 5 (2) the proposed treatment by types;
- 6 (3) the frequency and duration of treatment;
- 7 (4) the anticipated outcomes stated as goals;
- 8 (5) the frequency with which the treatment
9 plan will be updated; and
- 10 (6) the signature of the treating physician.

11 F. This section shall not be construed as limiting
12 benefits and coverage otherwise available to an insured under a
13 health insurance plan.

14 G. As used in this section, "services that are
15 habilitative or rehabilitative" means treatment programs that
16 are necessary to develop, maintain and restore to the maximum
17 extent practicable the functioning of an individual."

18 Section 4. A new section of Chapter 59A, Article 46 NMSA
19 1978 is enacted to read:

20 "[NEW MATERIAL] COVERAGE FOR AUTISM SPECTRUM DISORDER
21 DIAGNOSIS AND TREATMENT.--

22 A. An individual or group health maintenance
23 contract that is delivered, issued for delivery or renewed in
24 this state on or after September 17, 2009 shall provide
25 coverage to an eligible individual who is under eighteen years

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1 of age for:

2 (1) well-baby and well-child screening for
3 diagnosing the presence of autism spectrum disorder; and

4 (2) treatment of autism spectrum disorder
5 through speech therapy, occupational therapy, physical therapy
6 and applied behavioral analysis.

7 B. Coverage required pursuant to Subsection A of
8 this section:

9 (1) shall be limited to treatment that is
10 prescribed by the insured's treating physician in accordance
11 with a treatment plan;

12 (2) shall be limited to fifty thousand dollars
13 (\$50,000) annually. Beginning January 1, 2011, the maximum
14 benefit shall be adjusted annually on January 1 to reflect any
15 change from the previous year in the medical component of the
16 then-current consumer price index for all urban consumers
17 published by the bureau of labor statistics of the United
18 States department of labor;

19 (3) shall not be denied on the basis that the
20 services are habilitative or rehabilitative in nature; and

21 (4) may be subject to other general exclusions
22 and limitations of the insurer's policy or plan, including, but
23 not limited to, coordination of benefits, participating
24 provider requirements, restrictions on services provided by
25 family or household members and utilization review of health

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1 care services, including the review of medical necessity, case
2 management and other managed care provisions.

3 C. The coverage required pursuant to Subsection A
4 of this section shall not be subject to dollar limits,
5 deductibles or coinsurance provisions that are less favorable
6 to an insured than the dollar limits, deductibles or
7 coinsurance provisions that apply to physical illnesses that
8 are generally covered under the individual or group health
9 maintenance contract, except as otherwise provided in
10 Subsection B of this section.

11 D. An insurer shall not deny or refuse to issue
12 coverage for medically necessary services or refuse to contract
13 with, renew, reissue or otherwise terminate or restrict
14 coverage for an individual because the individual is diagnosed
15 as having or receiving treatment for an autism spectrum
16 disorder.

17 E. The treatment plan required pursuant to
18 Subsection B of this section shall include all elements
19 necessary for the health insurance plan to pay claims
20 appropriately. These elements include, but are not limited to:

- 21 (1) the diagnosis;
- 22 (2) the proposed treatment by types;
- 23 (3) the frequency and duration of treatment;
- 24 (4) the anticipated outcomes stated as goals;
- 25 (5) the frequency with which the treatment

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1 plan will be updated; and

2 (6) the signature of the treating physician.

3 F. This section shall not be construed as limiting
4 benefits and coverage otherwise available to an insured under a
5 health insurance plan.

6 G. As used in this section, "services that are
7 habilitative or rehabilitative" means treatment programs that
8 are necessary to develop, maintain and restore to the maximum
9 extent practicable the functioning of an individual."

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